Please type a plus sign (+) inside this box -> [	+	ĺ
--	---	---

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

#### Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. 1/1161 **Attorney Docket Number** DECLARATION FOR UTILITY OR Rainer WALTER First Named Inventor DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) 10 / 002,939 Application Number 11/01/2001 Filing Date ☐ Declaration Declaration OR Submitted Submitted after Initial **Group Art Unit** Filing (surcharge with Initial (37 CFR 1.16 (e)) Filing **Examiner Name** required) As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: NEW SUBSTITUTED INDOLINONES, PREPARATION THEREOF AND THEIR USE AS PHARMACEUTICAL COMPOSITIONS the specification of which (Title of the Invention) is attached hereto OR was filed on (MM/DD/YYYY) November 1, 2001 as United States Application Number or PCT International Application Number 10/002.939 and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, **Certified Copy Attached?** Prior Foreign Application Priority Foreign Filing Date Country (MM/DD/YYYY) **Not Claimed** Number(s) YES DE 100 54 019.8 Germany 11/01/2000 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY) 60/251,055 12/01/2000 Additional provisional application numbers are listed on a

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



supplemental priority data sheet PTO/SB/02B attached hereto.

Please type a plus sign (+) inside this box -	+	
---	---	--

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

### **DECLARATION** — Utility or Design Patent Application

	السند البريوالة التروعي أنيا فيسموني									
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.										
U.S. Pa	rent Application or Number	PCT Parent			ent Fili //M/DD/	ng Date		Parent Patent Number (if applicable)		
<u> </u>		···· **-· · · · · · · · · · · · · · · ·							<u> </u>	
Additional U.S. o	r PCT international applica	tion numbers are li	isted on	a supp	lemental	priority data s	sheet Pi	TO/SB/0	02B attached he	reto.
	hereby appoint the following	فاعدا المستنبي التناف السيا			يرو كستريوس					
and Trademark Office		Customer Numbe						- ┌	Place Custo	mer
		OR Registered practit	tioner(s)	name/	registratio	n number list	ted belo	$_{\sf w}$ $lacksquare$	Number Bar ( Lahel her	
Na	me	Registra: Number	tion			Name	,		Regis Nun	tration nber
Robert P. Rayr	nond	25,089			Susar	K. Pocc	hiari		45,016	
Alan R. Stempe	el	28,991			Philip	1. Datlow			41,482	1
Mary-Ellen M. I	Devlin	27,928			Timot	hy X. Wit	kowsł	<b>ci</b>	40,232	•
Anthony P. Bot	tino	41,629								
Additional registe	red practitioner(s) named o	on supplemental Re	egistered	Prac	itioner Inf	ormation she	et PTO	SB/020	attached here	o.
Direct all correspor				<b>8</b> 50	111111	OR	☐ c	orrespo	ondence addr	ess below
Name		111								
Address		PATE	ZO INT TRAI	5U DEMAR	K OFFICE	· · · · · · · · · · · · · · · · · · ·				
Address										
City				s	tate		ZIP_			
Country	•	Telephone		Fax						
believed to be true:	all statements made here and further that these state imprisonment, or both, u ent issued thereon.	tements were mad	de with t	he kno	owledge t	hat willful fal	se state	ements	and the like so	made are
Name of Sole o	r First Inventor:				A petition	n has been	filed fo	r this u	ınsigned inve	ntor
Given N	lame (first and middle [	if anyl)				Family	/ Name	or Su	mame	
Rainer	f			WA	LTER					
Inventor's Signature	Reine	Mille							Date $\widehat{\mathcal{O}}'$	15/20
Residence: City	Biberach State				ountry	German	у		Citizenship	DE
Post Office Addres	Probststrasse 3									
Post Office Addres	s									
City	Biberach State		ZIP		884	100	Cou	intry	Germany	
Additional inver	ntors are being named	on the 3_supp	olement	al Ad	ditional li	nventor(s) s	heet(s	) PTO	/SB/02A attac	hed hereto

Please type a	_1,		S	
Please type a	pius sign (	+) inside	this box	'  <b>†</b>

PTO/SB/02A (3-97)
sign (+) inside this box + + Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_1\_ of \_3\_

Name of Addition	<i>/</i> :		A petition has been filed for this unsigned inventor						rentor	
Given Nar	me (first and middle [if any])			Family Name or Surname						
Armin		-		HEC	KEL					
Inventor's Signature	, Im	The	ll	/				Da	ate	1/15/100
Residence: City	Biberach	State			Country	Germany		Citize	nship	DE
Post Office Address	Geschwister-Scholl-S	tr. 71				····				
Post Office Address		<del></del>								
City	Biberach	State			ZIP	88400	Count	<sub>ry</sub> Ge	rmany	
Name of Addition	nal Joint Inventor, if an	y:			A petitio	n has been file	ed for t	this uns	igned in	ventor
Given Na	me (first and middle [if any])					Family Na	me or	Surnan	ne	
Gerald	erald									
Inventor's Signature	ym		n	7					Date	01/03/0
Residence: City	Biberach	State			Country	Germany		Citi	izenship	DE
Post Office Address	Akazienweg 47									
Post Office Address										
City	Biberach	State			ZIP	88400	Cot	untry	Germa	any
Name of Addition	nal Joint Inventor, if an	y:			A petition	on has been fil	ed for	this uns	signed in	ventor
Given Na	me (first and middle [if any]	)				Family Na	ame or	Sumar	ne	
Joerg				KLE	Υ					
Inventor's Signature	1. Jany 100	lon							Date	01/11/02
Residence: City	Mittelbiberach State Country Germany Citizenship						DE			
Post Office Address	Poststrasse 5/4									
Post Office Address										
City	Mittelbiberach	State			ZIP	88441		Country	y Ger	many

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time—you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. Case No. 1/1161



Please	type a	plus sign	(+) Inside	this box ->	+
					3 1

sign (+) Inside this box + + Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

### **DECLARATION**

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_2 of \_3\_

Name of Addition	Name of Additional Joint Inventor, if any:								entor		
Given Na	Given Name (first and middle [if any])					Family Name or Surname					
Gisela				SCH	INAPF	)					
Inventor's Signature	G. Su	ua	no		_		2		7101102		
Residence: City	Biberach	State	1.4		Country	Germany		Citizens	ship	DE	
Post Office Address	Esterbuch 5										
Post Office Address			,		<del></del>	*****					
City	Biberach	State			ZIP	88400	Country	, Gerr	nany		
Name of Addition	nal Joint Inventor, if an	y:			A petition	on has been file	d for thi	is unsig	ned inv	entor	
Given Na	me (first and middle [if any]	)				Family Na	me or S	umame			
Martin	LENTER										
Inventor's Signature	1	)	-\	1				17/0	01/02		
Residence: City	Ulm	State	-		Country	Germany		Citize	nship	DE	
Post Office Address	Promenade 23										
Post Office Address											
City	Ulm	State			ZIP	89073	Coun	try G	erma	ny	
Name of Addition	nal Joint Inventor, if an	y:			A petitio	on has been file	ed for thi	is unsig	ned inv	entor	
Given Na	me (first and middle [if any]	)				Family Na	me or S	umame			
Jacobus				VAN	MEE	L					
Inventor's Signature	1.7.6				~	4			ite z	X	
Residence: City	Moedling	State			Country	Austria		Citize	nship	NL	
Post Office Address	Weisses Kreuz Gass	e 61									
Post Office Address											
City	Moedling	State			ZIP	2340	C	ountry	Aust	ria	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time—you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. Case No. 1/1161



Please typ	e a pli	ıs sign (+)	inside this	box →	+
					•

sign (+) inside this box + + Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

### **DECLARATION**

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Addition			•		. 4'4'					
	Name of Additional Joint Inventor, if any:  A petition has been filed for this unsignature.  Family Name of Suman								<del></del>	entor
Given Name (first and middle [if any])  Walter  SPEVAK							sumame			
vvaitei									j	
Inventor's Signature	> While	Na	<u> </u>					Date		426/02
Residence: City	Oberrohrbach	State	!	C	ountry	Austria		Citizens	ship	AT
Post Office Address	Leoberndorferstr. 36	Leoberndorferstr. 36								
Post Office Address							····			
City	Oberrohrbach	State			ZIP	2105	Country	Aus	tria	
Name of Addition	nal Joint Inventor, if any	<b>/</b> :	[	A	petitio	on has been file	ed for th	is unsig	ned in	ventor
Given Na	me (first and middle [if any])				•	Family Na	me or S	Surname		
Ulrike	WEYER-CZERNILOFSKY									
Inventor's Signature	Dr. G. Wayer-C	Wr.	(0/V	)				Da	ate	26.202
Residence: City	Baden	State		C	ountry	Austria		Citize	nship	DE
Post Office Address	Klesheimerstr. 28									
Post Office Address		·								
City	Baden	State			ZIP	2500	Cour	ntry A	ustria	1
Name of Addition	nal Joint Inventor, if any	y:		A	petitic	on has been file	ed for th	nis unsig	ned in	ventor
Given Na	me (first and middle [if any])					Family Na	me or	Sumame		
Inventor's Signature								D	ate	
Residence: City		State		C	ountry			Citize	nship	
Post Office Address										
Post Office Address							<del></del>			
City		State			ZiP			Country		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time—you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. Case No. 1/1161

